

PROMETRIC™

REQUEST FOR GED TRANSCRIPT

MAIL TO:

Prometric Attn: GED Department 1501 S. Clinton Street, 14th Floor Baltimore, MD 21224 USA

GED ID		
(date of birth and three	digit country code: DDMMYYCCC)	
Name		
	(please print full name)	
Home Address that appears or	your GED transcript	
Current Address		
Date of Birth	Social Security Number (if available)	
(dd-n	nm-yy)	(if available)
Date of Testing		
<u> </u>	(dd-mm-yy if available)	
Please sign on the signature lin	ne below: (Transcripts will not be issued	d without signature)
I hereby authorize the GED To listed below:	ranscript Service to release my GED Of	ficial Transcript(s) to the address(es)
Signature		
Please print address(es) to whi	ich official transcript(s) is/are to be sent	
1)	2)	

IMPORTANT: Please enclose a \$25.00 bank draft, for <u>three</u> transcripts, in U.S. dollars and drawn on a <u>U.S. bank</u>, (**no personal checks accepted**) <u>**payable to: Prometric.**</u>

PLEASE ALLOW 2 TO 4 WEEKS FOR PROCESSING

(Transcript requests will not be processed unless accompanied by the necessary fees.)

Additional forms available at www.prometric.com/ged